PATENT

# **Application Data Sheet**

Application Information

Application number::

10/072571

Filing Date::

February 8, 2002

Application Type::

Utility

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

1647

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence Submission?::

Yes

Computer Readable Form (CRF)?::

Yes

Number of copies of CRF::

1

Title::

Co-Administration of Interleukin-3 Mutant

Polypeptides with CSF's or Cytokines for Multi-

Lineage Hematopoietic Cell Production

Attorney Docket Number::

43392/P005P1C1

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

4

Small Entity?::

No

Latin Name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed U.S. Govt. Agency::

Contract or Grant Numbers::

Initial 06/28/2005

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DOCKET NO. 43392-P005P1C1

Secrecy Order in Parent Appl.?::

No

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**Applicant Information** 

Applicant Authority type::

Inventor

Primary Citizenship Country::

ŲSA

Status::

Full Capacity

Given Name::

S.

Middle Name::

Christopher

Family Name::

Bauer

Name Suffix::

City of Residence::

New Haven

State or Province of Residence::

Missouri

Country of Residence::

USA

Street of mailing address::

4656 Orchard Road

City of mailing address::

New Haven

State or Province of mailing address::

Missouri

Country of mailing address::

USA

Postal or Zip Code of mailing address:

63068

Applicant Authority type:

Inventor

\*\*\*\*

Primary Citizenship Country:

USA

Status:

Full Capacity

Given Name:

Mark

Middle Name:

Allen

Family Name:

Abrams

Name Suffix::

City of Residence:

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State or Province of Residence:

Missouri

Country of Residence::

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Street of mailing address::

7723 Blackberry Avenue

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Initial 06/28/2005

Houston 1 796665v.1

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COOL

City of mailing address::

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State or Province of mailing address:

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Country of mailing address::

**USA** 

Postal or Zip Code of mailing address::

63130

\* \* \* \* \* \* \* \* \*

Applicant Authority type::

Inventor

Primary Citizenship Country::

USA

Status:

Full Capacity

Given Name::

Sarah

Middle Name::

Ruth

Family Name::

Braford-Goldberg

Name Suffix::

City of Residence::

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State or Province of Residence::

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Country of Residence:

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City of mailing address::

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State or Province of mailing address:

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Country of mailing address::

USA

Postal or Zip Code of mailing address::

63017

Applicant Authority type::

Inventor

Primary Citizenship Country::

USA

Status:

Full Capacity

Given Name::

Maire

Middle Name::

Helen

Family Name::

Caparon

Name Suffix::

City of Residence::

Chesterfield

State or Province of Residence::

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- 3 -

Initial 06/28/2005

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State or Province of mailing address:: Missouri

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 63017

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Applicant Authority type:: Inventor

Primary Citizenship Country:: USA

Status: Full Capacity

Given Name:: M.

Middle Name:: Alan

Family Name:: Easton

Name Suffix::

City of Residence:: Maryland Heights

State or Province of Residence:: Missouri

Country of Residence:: USA

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City of mailing address:: Maryland Heights

State or Province of mailing address:: Missouri

Country of mailing address:: USA

Postal or Zip Code of mailing address: 63146

\* \* \* \* \* \* \* \*

Applicant Authority type:: Inventor

Primary Citizenship Country:: USA

Status: Full Capacity

Given Name:: Barbara

Middle Name:: Kure

Family Name:: Klein

Name Suffix::

· - 4 -

City of Residence::

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State or Province of Residence::

Missouri

Country of Residence::

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City of mailing address::

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State or Province of mailing address:

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Country of mailing address::

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63131

\* \* \* \* \* \* \* \*

Applicant Authority type::

Inventor

Primary Citizenship Country::

USA

Status:

Full Capacity

Given Name::

John

Middle Name::

Р.

Family Name::

McKearn

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City of Residence::

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State or Province of mailing address::

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Country of mailing address::

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Postal or Zip Code of mailing address:

63038

Applicant Authority type::

Inventor

Primary Citizenship Country::

Britain

Status:

Full Capacity

Given Name::

Peter

Middle Name::

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Best Avoiloble Cook

Family Name::

Olins

Name Suffix::

City of Residence::

San Diego

State or Province of Residence::

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Country of Residence::

**USA** 

Street of mailing address::

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State or Province of mailing address:

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92130

Applicant Authority type::

Inventor

Primary Citizenship Country::

USA

Status:

**Full Capacity** 

Given Name::

Kumnan

Middle Name::

Family Name::

Paik

Name Suffix::

City of Residence::

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State or Province of Residence::

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Country of Residence::

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City of mailing address::

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Country of mailing address::

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60091

Applicant Authority type::

Inventor

Primary Citizenship Country::

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Status:

Full Capacity

**-** 6 -

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Given Name::

John

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Family Name::

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Name Suffix::

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State or Province of Residence::

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Country of Residence::

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Maryland

Country of mailing address::

USA

Postal or Zip Code of mailing address:

20854

### Correspondence Information

Correspondence Customer Number:

Name::

Winstead Sechrest & Minick P.C.

Street of mailing address::

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City of mailing address::

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State or Province of mailing

address::

TX

Country of mailing address::

US

Postal or Zip Code of mailing

address::

77002

Phone number::

Fax number::

713-650-2400

E-Mail address::

CNielsen@winstead.com

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# Best Available Copy

PATENT

Registration Number:	Representative Name:
37676	Carol Nielsen
46(189	Melissa Schwaller
47398	Rudeina Baasiri
39063	Henry L. Ehrlich
50143	Edward T. Mickelson
47165	Thomas L. Warden
5.1740	Mark Solomon
3.4011	Robert Shaddox
33219	Sanford E. Warren, Jr.
	376.76 460.89 473.98 396.63 50143 47165 54740 34011

## **Domestic Priority Information**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
10/072571	Continuation	08/446871	06/06/1995
08/446871	Continuation-in Part	08/193.373	02/04/1994
08/193373	Continuation-in Part	PCT/US93/11197	11/22/1993
PCT/US93/11197	Continuation-in Part	07/981044	11/24/1992

### Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:

#### Assignee Information

Assignee name::

G. D. Searle & Co.

Street of mailing

P.O. Box 5110

Address::

City of mailing address:

Chicago

State or Province of

mailing address:

Illinois

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Country of mailing address:

Postal or Zip Code of mailing address:

**USA** 

60680-9889

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